AMENDMENT TRANSMITTAL LETTER					Docket No. R2180.0161/P161	
Application No. 10/620,363-Conf. #8922				Examiner	r Art Unit	
				T. D. Lee	2624	
plicant(s): Yas	sushi Abe et al.				_	
	RATUS, PROG ESSING AND I			E-AREA SEPARATI	ON, IMAGE	
	TO	THE COMM	ISSIONER FO	OR PATENTS		
ransmitted here he fee has beer				ied application. elow.		
		CLAIM	S AS AMENI	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	18	- 28 =	0	x 50.00	0.00	
Independent Claims	14	- 5 =	9	x 210.00	1,890.00	
Multiple Depend	ient Claims (ch	eck if applicab	(e)			
Other fee (pleas	• • •	OR THIS AME	NDMENT:		\$1.890.00	
TOTAL ADDIT	IONAL FEE F	OR THIS AME	NDMENT:	Small Entity	\$1,890.00	
TOTAL ADDIT	IONAL FEE FO			Small Entity	\$1,890.00	
TOTAL ADDIT  x Large Entity  No additions  Please char	IONAL FEE FO	ed for this ame	ndment.	Small Entity	\$1,890.00	
TOTAL ADDIT  x Large Entity  No additions  Please char  A duplicate	IONAL FEE FO	ed for this ame count No. set is enclosed	ndment. ir	the amount of \$ _	·	
X Large Entity No additions Please char A duplicate	IONAL FEE Formal fee is required ge Deposit Accopy of this should be amount of \$	ed for this ame count No. set is enclosed	ndment. ir		·	
X Large Entity No additions Please char A duplicate A check in ti X Payment by	A fee is require ge Deposit Accopy of this she he amount of \$ credit card.	ed for this ame count No. eet is enclosed	ndment. ir i. to cover	n the amount of \$	osed.	
TOTAL ADDIT  X Large Entity  No additions  Please char  A duplicate  A check in the payment by  X The Director	A fee is require ge Deposit Accopy of this she he amount of \$ credit card.	ed for this ame count No. eet is enclosed	ndmentir t to cover	the filing fee is enclo  Deposit Account No	osed.	
x Large Entity No additions Please char A duplicate A check in ti x Payment by The Director as described	al fee is require ge Deposit Acc copy of this she he amount of \$ credit card.	od for this amer count No. eet is enclosed	ndmentir t to cover	the filing fee is enclo  Deposit Account No	osed.	
X Large Entity No additions Please char A duplicate A check in ti X Payment by X The Director as described X Credit a	al fee is require ge Deposit Accopy of this shi he amount of \$ credit card. r is hereby auth d below. A dup ny overpaymen	nd for this americant No. eet is enclosed horized to char fillicate copy of	ndment.  it to cover ge and credit this sheet is e	the filing fee is enck Deposit Account No	osed.	
X Large Entity No additions Please char A duplicate A check in ti X Payment by X The Director as described X Credit a	al fee is require ge Deposit Accopy of this shi he amount of \$ credit card. r is hereby auth d below. A dup ny overpaymen	nd for this americant No. eet is enclosed horized to char fillicate copy of	ndment.  it to cover ge and credit this sheet is e	the filing fee is enclored to the filing fee is enclored.  Deposit Account Not enclosed.	osed. o. 04-1073 or CFR 1.16 and 1.17.	
X Large Entity No additions Please char A duplicate A check in ti X Payment by X The Director as described X Credit a	al fee is require ge Deposit Accopy of this she he amount of \$ credit card. r is hereby auth d below. A dup my overpaymer any additional fil	od for this americant No. eet is enclosed norized to charolicate copy of ht.	ndment.  it to cover ge and credit this sheet is e	the filing fee is enclored to the filing fee is enclored.  Deposit Account Not enclosed.	osed. o. 04-1073	
X Large Entity No additions Please char A duplicate A check in ti X Payment by X The Direction as described X Credit a X Charge :	ional FEE Fe al fee is require ge Deposit Accopy of this sh- he amount of \$ credit card. ris hereby auth of below. A dup ny overpaymen any additional fil	od for this americant No. eet is enclosed norized to charolicate copy of ht.	ndment.  it to cover ge and credit this sheet is e	the filing fee is enclored to the filing fee is enclored.  Deposit Account Not enclosed.	osed. o. 04-1073 or CFR 1.16 and 1.17.	
TOTAL ADDIT  X Large Entity No additions Please char A duplicate A check in ti X Payment by X The Director as describer X Credit X Charge i	ional FEE Fi al fee is require ge Deposit Accopy of this sh- ne amount of \$ credit card. to here with a she amount of \$ credit card. to here with a she wi	nd for this americant No	ndment.  it to cover ge and credit this sheet is e	the filing fee is enclored to the filing fee is enclored.  Deposit Account Not enclosed.	osed. o. 04-1073 or CFR 1.16 and 1.17.	